



# DEPARTMENT OF SOCIAL SERVICES COUNTY OF MADERA

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**DEBORAH MARTINEZ, DIRECTOR**

*Equal Opportunity Employer*

June 29, 2018

California Department of Social Services  
Specialized Care

RE: Madera County Specialized Care Rate Plan

The Specialized Care Increment (SCI)/Specialized Care Rate program was established to assist resource parents to enhance the support of the child/youth placed in their homes who have behavioral, emotional, and/or physical (including health) challenges. The SCI provides a supplemental payment to provide for the additional daily care and/or supervision provided by a resource parent that may not otherwise be met by an LOC rate. The SCI payment to a resource parent is in addition to the determined LOC rate.

Madera County will be utilizing a three-tiered SCI matrix determine the SCI funding. Any of the SCI tiers can be applied to any LOC rate, with the exception of the ISFC level. For example, after completing the LOC Protocol, the LOC rate is determined to be an LOC 2. Any unmet needs as it relates to the care and /or supervision can be covered by an SCI tier.

The Specialized Care Increment is for all children/youth in the foster care system, including Non Minor Dependents. It is also available to children/youth receiving Voluntary Non-Relative Extended Family Member Legal Guardianship, Kin-GAP or AAP benefits. It is available to all resource parents. The SCI is not available for Intensive Services Foster Care (ISFC) Therapeutic Foster Care (TFC), Supervised Independent Living Placement (SILPs), Dual Agency Regional Center clients\*, Group Home, or STRTP placements. Note: For any child/youth who is identified as a Regional Center client, that child/youth is eligible for a Dual Agency Rate. Please refer to the Dual Agency Rate Policy and Procedure.

Following the completion of the Level of Care Protocol, there may be a request or determination that the resource parent needs additional funds to support the child/youth. The tier of the Specialized Care Increment will be determined by the completion of the Specialized Care Increment Determination Worksheet (MAD 459) The assigned social worker will complete the MAD 459, and obtain any needed documentation from the resource parent and/or providers. The SCI assessment and forms require signature from the Foster Care Public Health Nurse, Supervisor and a Program Manager. The effective date of the payment is the date the MAD 459 is completed and signed by all parties.

A copy of the MAD 459 will be kept in the child/youth's file, a contact note will be completed on behalf of the child/youth, and the Specialized Care Increment will be documented in the placement section of CWS/CMS. Foster Care Eligibility will send Notices of Action for any increases or decreases in payment (including SCI), as

applicable.

It is recommended that an SCI assessment be completed after a Child and Family Team meeting and after the completion of the Level of Care Protocol. Additional circumstances that may trigger an SCI assessment, include, but are not limited to: additional care and/or supervision needs of the child/youth; upon the request of the Resource or Adoptive Parent; when the assigned social worker determines the Level of Care is not sufficient to meet the needs of the child/youth. The SCI can be paid retroactively to the initial date of placement.

The Specialized Care Increment will be conducted yearly to determine if the rate remains, increases, or is no longer needed.

Existing families receiving an SCI rate will be reassessed with this updated criterion at their next re-assessment date, which is completed yearly. The exception being for children/youth receiving AAP or Kin-GAP benefits. Those re-assessments will take place every two years.

There are currently 65 children/youth in Madera County receiving a Specialized Care Increment. This includes children/youth placed in Voluntary Non-Relative Extended Family Member legal guardianships. With the updated plan, there is a possibility of expansion of SCI benefits within Madera County. Expansion reasons include Juvenile Probation utilizing Specialized Care Increment and children/youth who meet Level 4 of the LOC rate structure, but do not have an identified Intensive Services Foster Care placement.

Out of county Specialized Care Increment rates are determined using the county of residences' criteria and methodology.

Specialized Care Increment (SCI) Rates:

Tier 1	Level of Care plus \$179
Tier 2	Level of Care plus \$384
Tier 3	Level of Care plus \$651

Please contact me, Shanel Moore, (559) 662-8381, [shanel.moore@maderacounty.com](mailto:shanel.moore@maderacounty.com) with any further comments or questions regarding Madera County's Specialized Care Rate.

Thank you,

Shanel Moore, MSW  
Program Manager

Attachments: Notice of Action; Madera County Specialized Care Increment Matrix

## **Level of Care Protocol and Specialized Care Increment Determination Protocol**

### **PURPOSE**

When a child/youth enters the dependency system, the foster care rate of reimbursement is needs based. The Level of Care (LOC) Protocol, consisting of the LOC Rate Determination Matrix and LOC Scoring Sheet, is the rating tool designed to determine the appropriate foster care reimbursement/level of care for the child/youth.

### **POLICY**

The LOC Rate Determination Matrix and Scoring Sheet is the rating tool utilized to determine the appropriate level of care for all child/youth detained after December 1, 2017 and any existing children/youth who have had a triggering event.

A Specialized Care Increment (SCI) is an amount paid to a foster parent, in addition to the monthly LOC payment, on behalf of a child who is placed in the home who requires specialized care and/or supervised by the foster parent due to health and/or behavioral problems.

### **REGULATORY AND STATUTORY REQUIREMENTS**

With the passage of AB403, the Continuum of Care Reform (CCR), the new rate structures are designed to support children/youth in family settings based on a core practice approach that utilizes Child and Family Teams (CFT) to engage the child/youth and their families. The rate structure takes into consideration the delivery of individualized services and supports that are trauma-informed and culturally relevant. Reference includes: ACL 16-79, ACL 16-84; ACL 17-11; and ACL 17-111.

There is no annual LOC rate determination requirement.

### **TERMS**

*CCR (Continuum of Care)*: Comprehensive framework that supports children, youth and families across placement settings (from relative to congregate care) in achieving permanency.

*FFA (Foster Family Agency)*: Foster Family Agencies (FFAs) are residential options for children with developmental disabilities, that represent a collaborative effort between two service systems - developmental disabilities and social services/community care licensing. FFAs are privately operated organizations licensed by the Community Care Licensing Division of the State Department of Social Services to care for children up to age 18 in certified foster family homes. FFAs are responsible for the recruitment, training and certification of families to provide alternative homes for children. FFAs

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monitor and provide oversight for the homes they have certified, and have the authority to decertify homes when necessary.

*SMHS (Specialty Mental Health Services):* Services for children and youth who meet medical necessity criteria for specialty mental health services. These criteria state the child or youth must meet diagnosis criteria, have a condition that would not be responsive to physical health care based treatment, and a reasonable probability of significant deterioration in an important area of life functioning without treatment.

*SPOC (Single Point of Contact):* The SPOC is the person in each county responsible for coordinating the transfer of information for the Presumptive Transfer process.

*MHP (Mental Health Plan):* A MHP is used to describe the mental health services the mental health professionals provide in each county for children and youth.

*LOC (Level of Care):* An implemented initiative to improve stability, safety, and permanence of children and youth by matching their assessed needs with the skills, abilities, and capacities of caregivers. The LOC protocol helps to facilitate a rate determination based on caregiver actions applied to support child/youth needs and activities in five Core Domains that are weighted by point values.

*STRTP (Short Term Residential Therapeutic Program):* A residential facility that provides an integrated program of specialized and intensive care and supervision, services and supports, treatment, and short-term, 24-hour care and supervision to children and youth.

*ISFC (Intensive Services Foster Care):* A program intended to serve children and youth who require intensive treatment and behavioral supports, as well as children and youth with specialized health care needs and including those served under Intensive Treatment Foster Care (ITFC).

*TFC (Therapeutic Foster Care):* A short-term, intensive, highly coordinated, trauma-informed and individualized intervention, provided by a TFC resource parent, and other specialty mental health services providers, to a child or youth who has complex emotional and behavioral needs.

*HBFC (Home-Based Family Care):* Placement within a resource family, FFA home, Approved Relative Caregiver homes, Non-Relative Extended Family Member homes, that determine the LOC rate structure that will be used.

*IPC/Placement Council (Interagency Placement Committee):* An administrative interagency committee that reviews requests for group home/STRTP placements as well as access to interagency specialty programs.

*CFT (Child and Family Teaming):* A child and family team meeting is a gathering of family members, friends and other invested stakeholders who join together to strengthen a family and provide a protection and care plan for the child or youth to achieve safety, permanency and well-being. The purpose of all parties is to work toward the child/youth's mental health goals and support their successful transition out of the child welfare system.

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*NREFM (Non-Related Extended Family Member)*: an adult who has an established familial or mentoring relationship with the child, such as a godparent, a teacher, or a neighbor. The county welfare department shall verify the existence of a relationship through interviews with the parent and child or with one or more third parties. The third parties may include relatives of the child, teachers, medical professionals, clergy, neighbors, and family friends.

*SILP (Supervised Independent Living Placements)*: Extended Foster Care which is available for individuals meeting specific criteria and are between the ages of 18 to 21. SILPs allows certain youth to find and maintain their own housing while receiving a monthly foster care payment.

## Procedure

### Level of Care Rate Determination Matrix:

There are five domains in which the social worker rates the needs of the child/youth and the actions of the Resource Family. The five domains are as follows: Physical, Behavioral/Emotional, Educational, Health, and Permanency/Family Services. Static Criteria refers to chronic indicators that warrant the granting of Intensive Service Foster Care to ensure the safe placement of a child/youth. These indicators must have been within the past year from the time of the LOC determination.

There are five different levels of care for children/youth which include the following: Basic Rate, LOC 2, LOC 3, LOC 4, and Intensive Services Foster Care. These levels correspond with current foster care reimbursement rates.

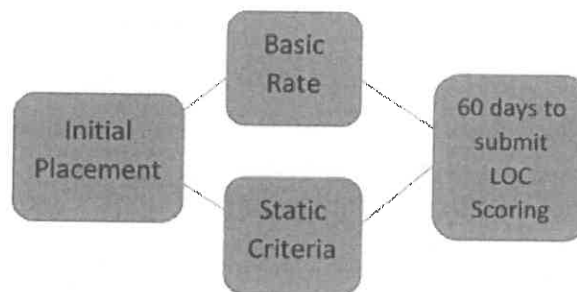
If child/youth is being placed in an STRTP, a LOC Protocol does not need to be completed, as the child/youth will automatically get the STRTP rate. For the child/youth being placed in an STRTP, placement council is initiated for approval for placement and foster care reimbursement.

The Level of Care Determination Matrix, SOC 501; and Level of Care Digital Scoring Form; SOC 500, can be found on the California Department of Social Services website or via the Children's Services Branch Resource Page. The Resource Parents Report can be found on the Children's Services Branch Resource Page. The procedure is broken down by team, as follows:

In order to be eligible for the SCI rate, a child must be eligible to receive a LOC rate (Intensive Services Foster Care (ISFC) Therapeutic Foster Care (TFC), Supervised Independent Living Placement (SILPs), Dual Agency Regional Center clients\*, Group Home, or STRTP placements rates are NOT eligible), and require specialized care and supervision.

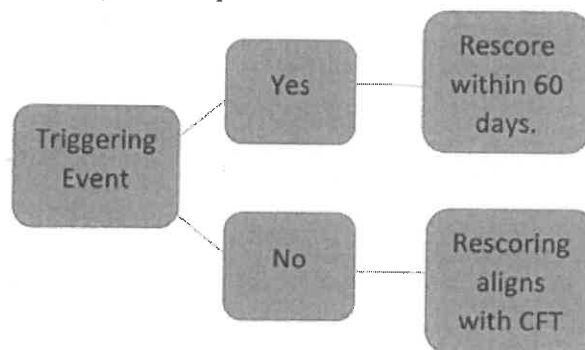
### Emergency Response (ER):

At the time of detention, the ER social worker will do a basic screening to ensure that the child/youth does not require more than a basic rate. For example, if a child/youth detained meets *Static Criteria*, the detaining social worker will ensure that the child/youth is receiving LOC 4 or Intensive Services Foster Care (should a home be available). If the child/youth does meet *Static Criteria*, the ER social worker will complete the LOC Protocol. The LOC Digital Scoring Form will be submitted to Foster care Eligibility Worker to process placement within three business days of completion.



### **Family Reunification, Permanency Planning, and Adoption:**

Family Reunification, Permanency Planning, and Adoptions teams will complete the LOC Rate Determination Matrix for any “triggering event.” They will follow the same completion protocol as listed in the “triggering event” portion of this written policy and procedure. A copy of the LOC Digital Scoring Form with signature will be submitted to OA II assigned to process placement changes within three business days of completion



Furthermore, the LOC Protocol will be a topic of discussion in the child/youth’s CFT Meeting. The CFT will be kept aware of any changes to the LOC, and may inform the LOC Protocol.

If the FFA or Resource Parent disagrees with the rate, they must provide justification to the assigned social worker within 15 calendar days as to why an increase to the rate is warranted.

### **Triggering Events**

For any triggering event, a new LOC Rate Determination Matrix and Scoring Sheet will be completed within seven days of the triggering event. If the LOC rate would increase, a copy of the LOC Digital Scoring Form with signature will be submitted to OA II assigned to process placement changes within three business days of completion.

As there is no annual LOC rate determination requirement, the assigned social worker must use the LOC Protocol when one of the following triggering events occurs:

- Initial foster care placement: the basic rate will be paid upon initial foster care placement pending the completion of the LOC protocol, unless the child/youth meets an exception for an ISFC rate. Exceptions are:

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- If the child/youth is immediately placed into an ISFC placement,
- The child/youth has extenuating circumstances and qualifies for a temporary ISFC rate paid only to the resource family
- FFA- Moving from Age-Based Rates: For moves between two different Foster Family Agencies or from a Foster Family Agency to a relative/NREFM resource family home, a child/youth receiving an age-based rate will require a LOC rate determination. The Basic Level Rate shall be paid until the LOC Protocol is completed. The new LOC rate based on the LOC Protocol is effective back to the date of the new placement.
- Other Resource Family Placement Changes:
  - Transition from STRTP: For a change in placement for any child/youth from an STRTP or Group Home to a Home Based Family Care (HBFC) setting. The Basic Level Rate shall be paid until the LOC Protocol is completed. The new LOC rate based on the LOC Protocol is effective back to the date of the new placement.
  - Requested Changes from Caregivers: When a caregiver, youth, or social worker, in consultation with the CFT, indicates a child/youth's need have changed, the new rate is effective the date of the completion of the LOC Protocol as indicated on the form.
  - Transition from ISFC/TFC: When a child/youth is receiving ISFC or TFC and is ending those services, the new LOC rate is effective the date that ISFC or TFC services end.
  - Decrease in Rate: In the instance when the rate decreases as a result of the LOC Protocol and the child/youth remains with the same caregiver, the effective date of the decrease will be the first on the month following the month in which the determination was completed.

**Documentation**

A signed copy of the LOC Scoring Sheet will be provided within three business days to the Foster Care Eligibility Worker (FCEW) to process placement changes. This will ensure that Foster Care EW will be able to process placement changes to issue timely payment to the care providers.

The assigned social worker will make appropriate changes regarding LOC in CWS/CMS placement section.

The assigned social worker will complete a contact note documenting that the LOC Protocol was completed, the LOC rate the Resource Parent will receive, and any additional pertinent information. A copy of the LOC Scoring Sheet will be maintained in the child/youth's file.

**Additional Information**

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Although not required, the Resource Parents Report may serve as a valuable tool for social workers to determine the appropriate LOC for a child/youth. This report can be utilized during placement visits are with the Resource Parent during the CFT Meeting. A copy of the LOC Rate Determination Matrix can also be provided to Resource Parents during the placement visit or within the CFT Meeting, to ensure that the Resource Parent is providing adequate services to the meet the needs of the child/youth.

The rate for Non-Minor Dependents residing in a SILP will not change and will remain at the Basic Rate. In accordance with Welfare and Institutions Code Section 11461 (e) (1) the specialized care increment shall not be paid to a non-minor dependent placed in a Supervised Independent Living Placement (SILP).

### Specialized Care Rates

Level 1 = Foster Care Rate + \$179.00

Level 2 = Foster Care Rate + \$384.00

Level 3 = Foster Care Rate + \$651.00

#### Instructions:

- 1.) Social Worker will complete the SCI Rate Matrix in an effort to obtain an SCI rate for children who have displayed a need for care and supervision above and beyond what is expected for LOC rates.
- 2.) Social Worker will thoroughly examine eligibility requirements under each specialized care rate section and place a check mark next to each qualifying area after verification has been secured.
- 3.) Social Worker will recommend the level of specialized care rate most fitting to the child's special needs. Should three or more check marks be placed in Levels 1, 2, or 3 the rate will be increased to the next higher level.

The following situations describe typical care and supervision of children expected within the basic foster care rate and **will not qualify** for a specialized foster care rate:

- ❖ Child is within the normal range for physical development for his/her age.
- ❖ Child is within the normal range for emotional, social and behavioral development.
- ❖ Child shows an expected level of separation anxiety from family and



friends preceding the removal from the home.

- ❖ Child shows expected, mild symptoms in response to abuse and neglect experienced.
- ❖ Child has minor academic problems which may require additional assistance with homework, communication with school personnel or placement in special education settings.
- ❖ Child has no chronic medical/dental problems or conditions. The child has expected illnesses and medical/dental appointments, which require attention and treatment by general pediatricians or physicians (i.e. Chickenpox, ear infections, colds, flu, and/or allergies).
- ❖ Child has expected behavioral problems according to age and developmental/mental level and responds to effective and appropriate parenting strategies.
- ❖ Child has medical conditions and/or mental illness that have been stabilized with medication and/or therapeutic intervention.
- ❖ Child has dietary needs that require basic monitoring and meal planning.
- ❖ Child is toilet trained by the age of 6 years, but may have occasional toileting accidents numbering once per week or less. The child's toileting accidents can be controlled with medication. A child over the age of 6 years may have toileting accidents once per month or less.
- ❖ Child has occasional temper tantrums (1-2 per week), which may result in occasional minor destruction to property, minor self-injurious behavior (i.e. hair pulling, hitting), aggressiveness to others in the vicinity (i.e. hitting, biting), verbal outbursts, pouting, moodiness, and withdrawal.
- ❖ Child has an age-appropriate or abuse specific need for monitoring and guidance for sexual play, exploration, and knowledge (i.e. supervision with other children, masturbation, sex-related questions).
- ❖ Child displays age-appropriate clinginess, shyness, mood, and energy levels.
- ❖ Child has regular sleep patterns as expected for developmental age, which includes occasional soothing at night (1-2 times per week).

## **Initial Assessment Process**

The initial assessment process will be dependent upon several requirements, which are outlined as follows:

- 1.) Social Worker will not place multiple children with special needs in the same foster home without prior authorization, as children with special needs require additional time and attention.
- 2.) Social Worker will complete the SCR Matrix for each child who may require specialized care and supervision.
- 3.) Social Worker will obtain and submit documentation from accredited professionals verifying the child's condition, diagnosis, and/or behavior as indicated on the Assessment Form.
- 4.) Social Worker will obtain and submit verification of required training, if appropriate.
- 5.) Social Worker will submit appropriate documentation to their supervisor for review and consideration of the need for the SCR.
- 6.) Social Worker Supervisor will consult with Public Health Nurse (PHN) to review the request for the need for SCR.
- 7.) If Social Worker Supervisor (SWS) and the PHN approve the SCR request, they will sign the request and then SWS will submit appropriate documentation to the Program Manager for review and approval.
- 8.) After approval by the Program Manager, the PM will send the original to the Social Worker who will then make two copies and forward one copy to the FC EW and one copy to the foster parent.

## **Reassessment Process**

- 1.) Social Worker will complete the "Specialized Foster Care Rate Matrix annually with the primary goal of reassessing the child's functioning level and to consider whether the SCR approved previously continues to be appropriate for his/her care and supervision needs. The exception being for children/youth receiving AAP or Kin-GAP benefits. Those re-assessments will take place every two years.

- 3.) Social Worker will submit updates from accredited professionals in relation to the child's condition, diagnosis, and/or behavior with the Reassessment Form to the SWS. The updates should address whether the child's functioning has regressed, remained stable over time or has improved.
- 4.) Social Worker Supervisor will consult with Public Health Nurse (PHN) to review the request for continued need for SCR rate.
- 5.) If Social Worker Supervisor (SWS) and the PHN approve the SCR request, they will sign the request and then SWS will submit appropriate documentation to the Program Manager for review and approval.
- 6.) SWS will submit approved SCR rate documentation to the Program Manager for approval.
- 6.) After approval by the Program Manager, the PM will send the original to the Social Worker who will then make two copies and forward one copy to the FC EW and one copy for the foster parent.

### **Training Requirements for Specialized Care Increment Rate Levels**

Foster parents will successfully complete additional trainings parallel to the needs of the children placed in the home. Evidence of completion of trainings will be provided to the Social Worker.

## Madera County Specialized Foster Care/CVRC Assessment Form

Level of Care 1   2   3	Effective/Service Date	Expiration Date
Resource Family Home/FFA	LOC Rate Determination	Address and Telephone Number(s)
Child's Name	Madera County Case Number	Child's Gender
Child's DOB	Child's Chronological Age	Child's Developmental Age
Social Worker Name	Date of Assessment	Date of Detention
Specific Diagnosis	Type of Assessment <b>Initial</b> <b>Annual</b>	<b>*For CVRC ONLY</b> <input type="checkbox"/> Under 3 yrs old      Over 3 yrs. old
	Frequency and Duration	
Physician/Therapist Name	Address and Telephone Number(s)	Other

### Madera County Specialized Care Increment Matrix

The following table is not intended to include every possible condition or situation, but rather act as a guide to make a determination. If a condition exists that is not on the Matrix, it is up to the assigned social worker and supervisor to determine whether the condition and possible associated tiers fall under the Specialized Care Increment. The needs of the child/youth and ability of Resource Parent to meet those needs determine the additional Specialized Care Increment.

Domain	<b>Tier 1</b> **If three (3) or more of the conditions listed exist, rate will be increased to the next higher level.	<b>Tier 2</b> **If three (3) or more of the conditions listed exist, rate will be increased to the next higher level.	<b>Tier 3</b>
<b>Health/Physical</b> (As diagnosed by a physician w/ documentation provided) Drug exposed/Positive Tox Fetal Alcohol Spectrum Disorder Respiratory Difficulties and Diseases Failure to Thrive Diabetes & Heart Disease Hemophilia Cancer HIV-AIDS Seizures Organ Failure Transplant Candidate Sickle Cell Anemia Diagnosis of Cerebral Palsy (CP) Brain Injury (abuse or accidental) Visually impaired (birth, abuse, or accidental) Hearing impaired (birth, abuse, or accidental) Cleft lip and/or palate Surgical intervention	<input type="checkbox"/> Symptomatic respiratory difficulties requiring daily use of nebulizer breathing treatments. <b><i>In order to meet this requirement, verification of child's condition, treatment plan and prescription must be provided. The foster parent must also receive training on equipment use and maintenance.</i></b>  <input type="checkbox"/> Child is 6 years old or older and has toileting accidents once or twice per week. The child's Encopresis and/or Enuresis are not completely controlled by medication, but have partial effects. <b><i>In order to meet this requirement, verification of condition must be provided from a Physician treating the child</i></b>	<input type="checkbox"/> The child has been formally diagnosed with Anorexia, Obesity, or Bulimia and the foster parent is actively involved in treatment. <b><i>In order to meet this requirement, verification of child's condition and treatment plan must be provided. Foster parent is to undergo specialized training for this disease.</i></b>  <input type="checkbox"/> Child has feeding difficulties requiring therapy or special feeding techniques that are learned through special training. <b><i>In order to meet this requirement, verification of child's condition and feeding needs must be provided by a Physician treating the child.</i></b>	<input type="checkbox"/> Child has severe, chronic and/or critical life threatening conditions or illnesses, (i.e. cancer, AIDS, Leukemia, severe seizure disorder, bronchial pulmonary, is non-ambulatory, has a severe brain injury requiring total assistance, hemophilia, Sickle Cell requiring transfusions, tracheotomy, Broviac line, colostomy/ileostomy, and severe heart conditions), which requires the foster parent to provide specialized, direct medical care and treatment services in the home environment (aspiration, feeding tubes, deep suctioning, ventilator, etc.) daily, as well as to provide excessive

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<p>Orthopedic abnormalities (birth or abuse) (i.e. scoliosis) Severe burns Other (criteria contingent on SW and PHN review)</p>	<p><input type="checkbox"/> Child has Sickle Cell and is not currently requiring transfusions. <b><i>In order to meet this requirement, the foster parent must receive specialized training in Sickle Cell, provide verification of child's diagnosis and monitor for sickle cell crisis.</i></b></p> <p><input type="checkbox"/> Type I Diabetes or Type II Diabetes with special diet no medication needed. <b><i>In order to meet this requirement verification of condition must be provided from a physician threatening the child AND verification of foster parent training on Diabetes and Diabetic diet</i></b></p> <p><input type="checkbox"/> Child has Scoliosis requiring unassisted daily exercises. No bracing required. <b><i>In order to meet this requirement, verification of child's condition and treatment plan must be provided by a Physician treating the child.</i></b></p> <p><input type="checkbox"/> Child has a hearing impairment which requires a hearing aid and multiple appointments to</p>	<p><input type="checkbox"/> Type II Diabetes with special diet and medications(oral) needed. <b><i>In order to meet this requirement verification of condition must be provided from a physician threatening the child AND verification of foster parent training on Diabetes and Diabetic diet</i></b></p> <p><input type="checkbox"/> Child has Fetal Alcohol Effect/Exposure, is a Drug Exposed Infant, or has drug/alcohol/nicotine withdrawal symptoms, requires Methadone treatment, and/or has developmental delays due to drug exposure, which requires regular (4-6) medical appointments per month (not including routine physical or dental examinations) and extra care and supervision by the foster parent. <b><i>In order to meet this requirement, verification of condition and scheduled appointments must be provided by a Physician treating the child. Foster parent is actively involved in treatment plan.</i></b></p>	<p>transportation to specialists and hospitals outside the county. <b><i>In order to meet this requirement, verification of the child's diagnosis and/or life threatening condition, needs and treatment plan must be provided. The foster parent must have annual training and provide documentation of such.</i></b></p> <p><input type="checkbox"/> Child is receiving chemotherapy treatments. Foster parent is actively involved in treatment. <b><i>In order to meet this requirement, verification of the child's diagnosis and treatment plan must be provided. The foster parent must have annual training and provide documentation of such.</i></b></p> <p><input type="checkbox"/> Child requires total self-care due to a loss of mental and/or physical functioning. The foster parent bathes, diapers, dresses, feeds, and/or provides physical therapy to the child. Child cannot communicate verbally and may</p>
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	<p>correct hearing (should be time limited). <b><i>In order to meet this requirement, verification of condition and necessary appointments must be provided by a Physician treating the child.</i></b></p> <p><input type="checkbox"/> Child is physically challenged and/or requiring minimal bracing equipment. <b><i>In order to meet this requirement, verification of child's condition must be provided by a Physician treating the child.</i></b></p> <p><input type="checkbox"/> Other:</p>	<p><input type="checkbox"/> Child has a cleft lip which requires surgical intervention and special feeding assistance. <b><i>In order to meet this requirement, verification of child's diagnosis and needs must be provided by a Physician treating the child. The foster parent must have received training about specialized techniques and equipment to feed. (Time limited)</i></b></p> <p><input type="checkbox"/> Moderate Cerebral Palsy or physical disability requiring some additional help with feeding, dressing, bathing, etc. <b><i>In order to meet this requirement, verification of child's diagnosis and needs must be provided by a Physician treating the child. Foster parent to undergo specialized training for this disability.</i></b></p> <p><input type="checkbox"/> Child is hearing impaired requiring specialized communication techniques, speech therapy (that requires special training by the foster parent) and a special school</p>	<p>require complicated health monitoring. <b><i>In order to meet this requirement, verification of the child's condition, required treatment plan, and extent of required health needs must be provided. The foster parent must have annual training and provide documentation of such.</i></b></p> <p><input type="checkbox"/> Type II Diabetes with special diet and medications(injections) needed. <b><i>In order to meet this requirement verification of condition must be provided from a physician treating the child AND verification of foster parent training on Diabetes and Diabetic diet</i></b></p> <p><input type="checkbox"/> Visual impaired requiring constant care provider assistance with daily living activities and/or adaptive home environment. <b><i>In order to meet this requirement, verification of child's condition and needs must be provided by a Physician treating the child.</i></b></p>
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		<p>program. <b><i>In order to meet this requirement, verification of child's condition and needs must be provided by a Physician treating the child.</i></b></p> <p><input type="checkbox"/> Child has a brain injury with stable shunt requiring no medical intervention. <b><i>In order to meet this requirement, verification of child's condition must be provided by a Physician treating the child. The foster parent must receive training on how to check the shunt and monitor for S/S of malfunction.</i></b></p> <p><input type="checkbox"/> Child has a seizure disorder which may require medication and requires close monitoring. Foster parent is to undergo annual specialized training for this disorder. <b><i>In order to meet this requirement, verification of child's diagnosis and prescription (if applicable) must be provided by a Physician treating the child. Foster parent must provide verification of training received</i></b></p>	
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		<p><input type="checkbox"/> Child is only partially mobile due to long-term illnesses, developmental disabilities, and/or environmental influences, but can make attempts to bathe, toilet and feed oneself, although the child requires assistance with those tasks. The child requires weekly medical, therapeutic and consultation appointments. <b><i>In order to meet this requirement, verification of child's diagnosis, needs and treatment plan must be obtained from treating physicians and/or treating hospitals. Foster parent is to undergo specialized treatment for dealing with these issues.</i></b></p> <p><input type="checkbox"/> Other:</p>	
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<p><b><u>Mental Disorders/Emotional Issues</u></b> (DSM Diagnoses; as diagnosed by a physician or psychological professional) Intellectual Disabilities Psychiatric hospitalization(s) Communication Disorders Attention-Deficit Hyperactivity Disorder (ADHD) Specific Learning Disorders Motor Disorders Autism Spectrum Disorder (ASD) Other (criteria contingent on SW and PHN review)</p>	<p><input type="checkbox"/> Child is mildly mentally retarded and qualifies as a Regional Center client. <b><i>In order to meet this requirement, verification of child's condition must be provided by a Physician treating the child. The foster parent must be actively participating with CVRC services.</i></b></p> <p><input type="checkbox"/> Child has been diagnosed with Attention Deficit Disorder (ADD) or Attention Deficit Hyper Disorder (ADHD) by a physician and requires behavior modification, and medication. <b><i>In order to meet this requirement, verification of child's condition and needs must be provided by a Physician treating the child. Foster parent must be actively involved in behavioral treatment and provide outline of services they are providing to the child i.e. transportation</i></b></p>	<p><input type="checkbox"/> Child has Fetal Alcohol Effect/Exposure, is a Drug Exposed Infant, or has drug/alcohol/nicotine withdrawal symptoms, requires Methadone treatment, and/or has developmental delays due to drug exposure, which requires regular (4-6) medical appointments per month (not including routine physical or dental examinations) and extra care and supervision by the foster parent. <b><i>In order to meet this requirement, verification of condition and scheduled appointments must be provided by a Physician treating the child. Foster parent is actively involved in treatment plan.</i></b></p> <p><input type="checkbox"/> The child has been formally diagnosed with Anorexia, Obesity, or Bulimia and the foster parent is actively involved in treatment. <b><i>In order to meet this requirement, verification of child's condition and treatment plan must be provided. Foster parent is to undergo</i></b></p>	<p><input type="checkbox"/> Child has been hospitalized under Welfare and Institutions Code Section § 5150 due to being a danger to oneself or others in the past six months. The child requires specialized care and supervision due to suicidal ideation and threats. <b><i>In order to meet this requirement, verification of the child's § 5150 status, his/her mental health diagnosis, pattern of hospitalizations, and current suicidal ideation and threats must be provided. Foster parent is to undergo annual mental health training for dealing with these issues.</i></b></p> <p><input type="checkbox"/> The child exhibits behaviors which frequently (3-5 times per week) place self and/or others at risk. Close supervision is necessary to minimize risk and/or reduce potential for disruption. Psychotropic medication may be required with close supervision by caretaker and increase follow up by therapeutic provider. <b><i>In order to meet this requirement, verification of child's condition must be provided by a Physician and/or therapist treating the child. Foster parent is actively involved in behavioral treatment plan and</i></b></p>
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	<p><b>to services, behavior contract, specialized training, etc.</b></p> <p><input type="checkbox"/> Child is 6 years old or older and has toileting accidents once or twice per week. The child's Encopresis and/or Enuresis are not completely controlled by medication, but have partial effects. <b><i>In order to meet this requirement, verification of condition must be provided from a Physician treating the child</i></b></p> <p><input type="checkbox"/> Other:</p>	<p><b><i>specialized training for this disease.</i></b></p> <p><input type="checkbox"/> Child has been formally diagnosed as Seriously Emotionally Disturbed (SED) and requires a specialized education setting, although the child has been able to reside with others. <b><i>In order to meet this requirement, verification of the child's SED diagnosis and SED educational placement need must be provided. The foster must have annual training on SED issues and provide documentation of such.</i></b></p> <p><input type="checkbox"/> Child is only partially mobile due to long-term illnesses, developmental disabilities, and/or environmental influences, but can make attempts to bathe, toilet and feed oneself, although the child requires assistance with those tasks. The child requires weekly medical, therapeutic and consultation appointments. <b><i>In order to meet this requirement, verification of child's diagnosis, needs and treatment plan must be obtained from</i></b></p>	<p><b><i>provides documentation of intervention.</i></b></p> <p><input type="checkbox"/> Child engages in risky behavior, which may jeopardize his/her safety and well-being without 24-hour supervision (prostitution/promiscuity, drug use/abuse, illegal activities, sexual perpetration, and self-injurious behavior resulting in serious injuries). The child cannot be around other children without constant monitoring and/or supervision. <b><i>In order to meet this requirement, verification must be obtained from the child's therapist, as well as supporting documentation from entities such as law enforcement, hospitals, and schools. Foster parent is to undergo specialized treatment for dealing with these issues.</i></b></p> <p><input type="checkbox"/> The child has intense emotional/behavioral problems that currently debilitates the child's functioning level, may cause the child to be considered within Welfare and Institutions Code section § 5585.25 (Gravely Disabled Minor) and which requires the foster parent to be an active treatment component (i.e. substance abuse addiction, Borderline Personality Disorder,</p>
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		<p><b><i>treating physicians and/or treating hospitals. Foster parent is to undergo specialized treatment for dealing with these issues</i></b></p> <p><input type="checkbox"/> Other:</p>	<p>Major Depression, Bipolar Disorder, Schizophrenia, Psychotic Disorder, repeated antisocial behavior). <b><i>In order to meet this requirement, verification of the child's diagnosis and mental health treatment plan must be provided. The foster parent must have annual training and provide documentation of such.</i></b></p> <p><input type="checkbox"/> Child requires total self-care due to a loss of mental and/or physical functioning. The foster parent bathes, diapers, dresses, feeds, and/or provides physical therapy to the child. Child cannot communicate verbally and may require complicated health monitoring. <b><i>In order to meet this requirement, verification of the child's condition, required treatment plan, and extent of required health needs must be provided. The foster parent must have annual training and provide documentation of such.</i></b></p> <p><input type="checkbox"/> Other:</p>
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<p><b>Behavioral Issues</b></p> <p>AWOL</p> <p>Aggressive and Assaultive</p> <p>Animal Cruelty</p> <p>CSEC</p> <p>Substance Use/Abuse</p> <p>Gang Activity</p> <p>Fire Setting</p> <p>Severe mental health issues-including suicidal ideation and/or Self Harm</p> <p>Psychiatric hospitalization(s)</p> <p>Adjudicated violent offenses</p> <p>Significant property damage</p> <p>Sex offenders/perpetrators</p> <p>Habitual Truancy</p> <p>Three or more placements due to the child's behavior</p> <p>Other (criteria contingent on SW and PHN review)</p>	<p><input type="checkbox"/> Child is 6 years old or older and has toileting accidents once or twice per week. The child's Encopresis and/or Enuresis are not completely controlled by medication, but have partial effects. <b><i>In order to meet this requirement, verification of condition must be provided from a Physician treating the child</i></b></p>	<p><input type="checkbox"/> Child requires extra comfort and soothing for emotional outbursts to include, but not be limited to: constant crying or tearfulness, difficulty accepting change or instructions, prolonged separation anxiety (more than 6 months), nightmares (3 - 4 times per week) or attention seeking. <b><i>In order to meet this requirement, verification must be obtained from a therapist who has assessed and/or is treating the child.</i></b></p>	<p><input type="checkbox"/> The child has intense emotional/behavioral problems that currently debilitates the child's functioning level, may cause the child to be considered within Welfare and Institutions Code section § 5585.25 (Gravely Disabled Minor) and which requires the foster parent to be an active treatment component (i.e. substance abuse addiction, Borderline Personality Disorder, Major Depression, Bipolar Disorder, Schizophrenia, Psychotic Disorder, repeated antisocial behavior). <b><i>In order to meet this requirement, verification of the child's diagnosis and mental health treatment plan must be provided. The foster parent must have annual training and provide documentation of such.</i></b></p>
	<p><input type="checkbox"/> Other:</p>	<p><input type="checkbox"/> Child has been formally diagnosed as Seriously Emotionally Disturbed (SED) and requires a specialized education setting, although the child has been able to reside with others. <b><i>In order to meet this requirement, verification of the child's SED diagnosis and SED educational placement need must be provided.</i></b></p>	<p><input type="checkbox"/> The child exhibits behaviors which frequently (3-5 times per week) place self and/or others at risk. Close supervision is necessary to minimize risk and/or reduce potential for disruption. Psychotropic medication may be required with close supervision by caretaker and increase follow up by therapeutic</p>

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		<p><b><i>The foster must have annual training on SED issues and provide documentation of such.</i></b></p> <p><input type="checkbox"/> Other:</p>	<p>provider. <b><i>In order to meet this requirement, verification of child's condition must be provided by a Physician and/or therapist treating the child. Foster parent is actively involved in behavioral treatment plan and provides documentation of intervention.</i></b></p> <p><input type="checkbox"/> Child engages in risky behavior, which may jeopardize his/her safety and well-being without 24-hour supervision (prostitution/promiscuity, drug use/abuse, illegal activities, sexual perpetration, and self-injurious behavior resulting in serious injuries). The child cannot be around other children without constant monitoring and/or supervision. <b><i>In order to meet this requirement, verification must be obtained from the child's therapist, as well as supporting documentation from entities such as law enforcement, hospitals, and schools. Foster parent is to undergo specialized treatment for dealing with these issues.</i></b></p> <p><input type="checkbox"/> Other:</p>
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### Specialized Care Rate Signature Page

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Social Worker

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
Social Worker Supervisor

\_\_\_\_\_  
Public Health Nurse

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Program Manager

#### Specialized Foster Care Rate Authorization

☐ **Denied** Reason(s) for denial: \_\_\_\_\_

☐ **Conditional Approval** Verification of the following must be obtained within 15 days for formal approval: \_\_\_\_\_

☐ **Approval** Level Approved for: \_\_\_\_\_

LOC Rate: \$ \_\_\_\_\_ Child's Specialized Foster Care Rate: \$ \_\_\_\_\_

- FFA Resource parents are to get entire amount of SCI rate. No Administrative deduction

Caregiver has received appropriate training for the special needs of the child? Yes \_\_\_ No \_\_\_

Certification of completion of training has been provided by the Resource parent and is on file? Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
Social Service Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resource Parent

\_\_\_\_\_  
Date